



Chris Swope

Lansing City Clerk

Cabaret License Application

(City Codified Ordinances – Chapter 808.1 – 808.10)
<http://mi-lansing.civicplus.com/171/Business-Licenses>

Applicant Checklist: (Ensure All Items Completed)

Payment: ☐

Treasury Form Completed: ☐

Application Completed: ☐

ANNUAL NON-REFUNDABLE LICENSE FEE: \$500.00

Expires on May 1st Annually.

Business Name		DBA	
Business Phone Number		Secondary Phone Number	
Business Address	City	State, Zip	
Mailing Address (If different)			
Description of Premises			

Business Owner		Owner Phone Number	
Owner Address	City	State, Zip	
Owner Email Address			

Lansing City Clerk's Office
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695
517-483-4131 • 517-377-0068 FAX

www.lansingmi.gov/clerk • city.clerk@lansing.mi.gov

Same as above: ☐

Applicant Name		Phone Number	
Applicant Address	City	State, Zip	
Applicant Email Address			

I certify that I, the applicant, do not owe any personal taxes to the City of Lansing

I certify that there are no unpaid personal property taxes on any personal property, fixtures, or effects that will be used in the operation of this cabaret.

I hereby agree and consent that any member of the Lansing Police Department or the Fire Department, Inspectors from the County Health Department, City of Lansing Building Safety Division or other officers of the City of Lansing may enter and inspect any part of such premises including the locked portions thereof, and further agrees to abide by and comply with the laws of the United States and the State of Michigan and the rules and regulations of the Liquor Control Commission relative to the sale of alcoholic liquors

Applicant Signature

Date

OFFICIAL USE ONLY

Approvals:

Police Department

Date

Fire Department

Date

City Treasurer

Date

PND – Building Safety

Date

PND - Zoning

Date

Health Department

Date

OFFICIAL USE

Amount paid: _____

Date paid: _____

License #: _____

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CITY TREASURER * INCOME TAX DIVISION
(517) 483-4121 (517) 483-4114

1ST Floor – City Hall
124 West Michigan Avenue
Lansing MI 48933

VIRG BERNERO, MAYOR

LANSING TREASURY INFORMATION REQUEST

Complete a separate form for each individual subject to verification

Applicant/Employee Information

Name: _____

Home Address: _____
_____ Since _____

Daytime Phone Number: _____

Social Security #: _____

Driver's License #: _____

Date of Birth: _____

Employer/Business Information

Corporate Name: _____

Doing Business As: _____

Address: _____

Business Phone #: _____

Federal Employer Identification #: _____

Do you, or any of these businesses, owe the City money for any reason? Yes ___ No ___

If Yes, for what reason? _____

Name of any other Lansing area business in which your ownership participation exceeds
25% _____

Signature

Date

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